

Testimony for the Record of John and Cindy Gagnier

March 13, 2007

We would like to thank the Committee and the Veteran's Administration for their time, efforts and concerns for all active duty soldiers and veterans.

This testimony is submitted on behalf of your disabled veteran, our son, Kristian J. Gagnier who suffered a traumatic brain injury. A history dating back to January 2002 is necessary to show many breakdowns in a system not understanding or sympathetic toward traumatic brain injury and the soldier or their family.

The TBI was sustained on January 19, 2002 from a fall of about 12 feet over a balcony onto cement. The postoperative diagnosis was: depressed right frontotemporal skull fracture with underlying acute extradural hematoma. The surgery report indicates his skull fragments were pieced/glued back together and he was unconscious for 48 hours or more.

Other than the early follow up examinations for removal of the staples holding together his skull and other miscellaneous injuries sustained he received no information about the potential symptoms of a TBI to watch for and returned to light duty in about 30 days. Even at that time his complaints about frequent migraine headaches, nausea and dizziness, to name a few, after his TBI elicited only medications like Advil and pain medications. He denied taking pain medications because it made him feel wrong and not able to do his job that he wanted to get back to.

On July 17, 2002 6 months after the injury, apparently since he had tried so hard to return to his duties, he was deployed to Germany. Only a year after his TBI he was on his way to Iraq and was still working within his MOS as an Apache Helicopter Mechanic/crew chief. September 2003, while still in Iraq, he was relieved from his duties working on aircraft. We now know the effects of his TBI were becoming too much for him to handle but he remained in Balad, aka: mortarville, for the duration of his tour. Continued mortar blasts, heat, dehydration and the hyper vigilance required while in Iraq exacerbated his TBI.

- Our son should never have been deployed to a war after his TBI. Per the Army's own Regulation (AR) 40-501, 2-26 (e)(2) states "applicants with a history of severe head injury are unfit for a period of at least 5 years" and one section indicates even possibly up to 10 years. How could this have been overlooked? This is an area that needs to be address with the front line command along with the medical staff that oversees soldiers on how to properly identify TBI and concussion injuries. The proof of burden should not be placed upon the soldier or their family.

On January 22, 2004 Kristian was reassigned back to Germany with his troop and continued to deteriorate. There were many issues with command and the medical community. For the sake of brevity we will try to highlight only primary issues during 2004 that caused severe additional problems and further deterioration of our son's health due to his TBI.

Kristian was first misdiagnosed and placed on a medication that only exacerbated his TBI. A diagnosis concerning his Traumatic Brain Injury was still far off. His sleep disorder along with other issues due to his TBI caused him to receive multiple counseling statements resulting in an Article 15, UCMJ on July 16, 2004 and another on December 14, 2004. This resulted in loss of rank, fines, extra duty and restriction on both occasions. In fact he was confined to quarters during Christmas of 2004 and he did not even think he could go to the chow hall to eat so he sustained himself by using the vending machines in his barracks. Who was even checking on him? This shows another aspect of a TBI injured soldier concerning judgment. In a report back to Congressman Visclosky and Senator Bayh dated May and June of 2005 respectively it stated Kristian was never denied leave or confined in any fashion. We have since obtained documentation that contradicts these statements. Our daughter even had to find someone to replace Kristian in the wedding party for her July wedding since leave was denied.

Due to the treatment Kristian received from command, the lack of treatment for his undiagnosed TBI and improper medications, he continued a spiral downward. At this point, as parents, we regret that we were still unaware that he actually had a TBI. However, it prompted us to seriously start researching his injury and PTSD.

- We are grateful that our Secretary is having the medical system seriously reviewed. As you can see from this soldier's experience the issues surrounding TBI need to be addressed at the time of the TBI and not take a wait and see stand or pretend it never happened. Like most soldiers our son just wanted to get back to his duties. This should not be permissible for the traumatic brain injured service member.

In January 2005 our son was finally allowed 30 days leave to come home. We picked him up at the airport in Chicago and were in total disbelief at his physical appearance. He was skin and bones with sunken eyes and grayish pallor. It was blatantly clear that he needed medical attention and we were committed to obtaining it. After our friend from church, a Gulf War Vet, saw Kristian he told us we needed to immediately bring him to the ER at the VA in Indianapolis. On January 17, 2005 we arrived at the VA and the first recommendation was to discontinue a particular medication. In fact we were asked, "Who prescribed that medication with his type of brain injury"? He also advised it would be a very long process for Kristian. This doctor immediately identified a traumatic brain injury victim.

On February 4, 2005 our son had to be admitted to St Anthony Memorial Health Center to be stabilized. He was discharged from there after 12 days with a diagnosis consistent

with a TBI. Additional consult by Dr. Daniel Schultz also confirmed diagnosis consistent with a TBI.

Additional testing on February 25, 2005 by Stan Lelek also indicated the need for medical testing and treatment for TBI.

Fort Knox and command in Germany were unable to coordinate a blood test that was needed and the VA clinic in Merrillville that they sent us to advised they could not do the blood test since it was non-emergent. They advised to call Naval Hospital Great Lakes in Illinois. On March 2, 2005 Kristian was seen by N. Anderson M.D. Head, Division of Neurology. He states in his report the following, "He (Kristian) will need a medical board as he cannot function adequately in his position in his present condition. Need to get neuropsychological testing". He also states, "severe head injury resulting in an epidural hemorrhage requiring evacuation with multiple persistent difficulties consistent with a brain injury that are significantly interfering with his duties and, at times, ADL's". Dr. Anderson also advised us not to allow Kristian to get on a plane back to Germany. Even after all this Kristian was still forced to go back to Germany. The explanation on this was given in an email on March 7, 2005 and is as follows. John – unfortunately the guidance from both the medical and legal authorities within the U.S. Army in Europe is that Kristian must return to Europe for completion of all required medical treatment.

- Another aspect that should be addressed is the communication between the branches of service. Why would the Army strike down Dr. Anderson's decisions, the Head of Neurology? Our only response when we asked that question was, "he is not Army". Communication and respect of other professionals between branches of the Armed Services, including the VA, need to be bridged to better serve our soldiers and veterans.

On March 8, 2005 Kristian boarded his flight back to Germany. I was told he would given a few days off due to international flight, however the next morning he was given more counseling statements. I addressed this and the apparent intentional misinformation I was given by command. At this point everyone was well aware of Kristian's medical condition but no consideration was given to it. People put their careers first and played God with our son's life.

A situation occurred that forced Kristian to be brought for emergent care at Landstuhl Medical Center in Germany. Dr. Shaw Skully told Cindy that Kristian would be sent to WRAMC and be under the care of the DVBIC and Deborah Warden. This ended up not being the case. Upon arrival at WRAMC he was admitted to the Psychiatric Unit.

Individuals with frontal lobe brain injuries often present a psychiatric impairment, but indeed their issue is an organic brain injury and not a chemical imbalance. It does not mean someone with an organic brain injury cannot have a psychiatric component due to his or her injury and life issues that need to be addressed after their injury. Cindy contacted caseworker Kelly Gourdin and sent the surgical reports and it was only then that the DVBIC gave Kristian some attention.

- The DVBIC along with other programs specifically set up to work with traumatic brain injuries need to become involved immediately with the soldier. A TBI/concussion assessment should be done as part of the admission process.

The issues that have been brought to light recently by the media are many of the same issues we have encountered and we will just list some of them below. However, the most critical for us was Kristian's safety and his executive functioning impairment due to his frontal lobe injury. We had to care for our son at WRAMC and get him through medical issues and board processes during his 16-month stay. We missed holidays together, we had extended time away from our 2 younger children and experienced extreme financial burdens as well as dealing with the following at WRAMC.

Neurology: Ended up to be almost nonexistent even though Kristian has a TBI and cysts in his brain. After Kelly Gourdin left it just seemed to have changed.

Neurology: After a discussion with neurology, Kristian was ordered to ASAP for caffeine abuse instead of being admitted to a neuro behavioral program as recommended by Virginia Neuro.

Neurology: Changed the 6 month follow up for cysts as originally ordered to one year.

Denial of medical care: Dr. Bahroo ordered a sleep study due to a diagnosed sleep disorder and that department overrode the doctor and refused the study.

Caseworker: Latonia Laffitte did not take care of scheduling an MRI prior to Kristian leaving WRAMC. It should have been done May 2006 but we ended up taking care of the MRI locally in September after he was discharged.

Med Hold: The wounded were caring for the wounded and certainly they received an undeserved burden that impeded their recoveries.

Peblo: I was told that by the counselor that it doesn't matter what the board decides because you will end up going to the VA anyway. If all you get is severance pay take it and leave.

Peblo: I was told by the counselor that he could not understand why the corrections to the NARSUM were taking so long. When I asked Dr. Bahroo he advised he never received any requests. Note: Dr. Bahroo was the only doctor I dealt with that took care of issues in a timely matter, returned phone calls/emails and came out of his office to talk even on short notice.

Peblo: I hand delivered Kristian's NARSUM on December 6, 2005 to Michael Thornton's office. It was lost and a 3-month follow examination was needed for an addendum to the NARSUM.

Etc, etc, etc, etc

Where in the world is the DVBIC in all of this.

Kristian's prolonged board resulted in extensive traveling to WRAMC. After wandering down Georgia Ave in the middle of the night the point that Kristian was not safe to be alone may have finally been acknowledged by med hold. It was then permitted for Kristian to have convalescent leave approximately 4 times in row. This meant come home for 4 weeks and back to WRAMC for 2 weeks each time.

Thank God for Marie Wood and the Yellow Ribbon fund that provided a place for Kristian and I to stay while back at Walter Reed.

The seamless Transproc was another nonexistent function for us. A sergeant stepped up and finally took control to walk us through this process that he advised would take 2 days. However, something happened with him the 2nd day and he did not show up so again I was left to figure that process out.

Cindy was contacted by Debra Crone and told that she was to speak to a Katie Dinneger who was to help with Kristian's care for the VA. Cindy spoke to Katie one time and then found out she went out on maternity leave without even contacting us. Cindy took it upon herself to find out what care was out there in the VA for Kristian. She contacted Gretchen Stevens, head of the VA Brain Injury programs. After a few conversations with her, Gretchen contacted Amanda Sobel at Hines VA for follow care within the VA. With Amanda Sobel's help we were able to take care of the VA enrolment.

We had at least 3 different recommendations all advising the same, that Kristian needed a Neuro-behavioral residential program and Lakeview in New Hampshire would be a good fit for him. In fact Karyn George of Military One Source had advocated for Kristian to go there back in July 2005 as well as Virginia Neuro. In March Cindy contacted the RIC of Chicago to ask for their recommendations on these programs and they also recommended Lakeview.

We took it upon ourselves again, because we had to, and enrolled Kristian in Tri-Care. We advocated for Tri-Care to approve Lakeview. After 9 weeks he was denied health care at Lakeview by Tri-Care and to this day we have not even heard back about our appeal. During this time we were continuing a relationship with Amanda Sobel at the Hines VA and she was aware of Kristian's situation.

- We have found out there is no coverage for TBI residential rehab. This needs to be address for our wounded warriors.

The Polytrauma Unit wanted to see and evaluate Kristian for his health care needs so appointments were made. Due to the nature of Kristian's brain injury the long ride to this facility makes it nearly impossible to have valid testing/assessments. We were told to just drive up when he is having a good day.

After a few months of back and forth and deciding what could be done Hines VA stepped up to the plate and approved some time for him at Lakeview New Hampshire. For this we are truly grateful. Kristian has been able to have the assessments done and a program designed for his care. The professionals at Lakeview have been outstanding, caring and genuine in their desire to help Kristian. They have respected both Kristian's needs and ours. His program there has been individualized specifically for him.

- We would like to see brain injured service members transitioned into the care they need immediately following discharge, even if it means outsourcing the care to private facilities. Each patient needs to be treated individually because each TBI is a little different. We would also like to see, within the transitional authority, an office dedicated to TBI, properly staffed with case managers and managed by Karyn George. She has over 20 years in the TBI field and was one of most effective and helpful advocates we worked with. She really knows her stuff.
- We also would like to see a special residential facility for our TBI service members that will care for them mind, body and spirit. We are very thankful for the facility at Brooke for our amputees. We would like to also see a similar facility geared to our TBI soldiers.

The mologne house and Walter Reed is no place for our TBI outpatients to recover.

We believe if we care for them now we will have better outcomes and not pay as great a price later on in ruined families, burdens on communities and other public institutions.

A very wise man recently stated, "History would be his judge". History will be our judge in how we take care of our wounded. Please let us write a good story. Cindy and I have fallen in love with our soldiers and it is not hard to do. They'll just tell you, "I was just doing my job". Well, we sent Kristian into Iraq with a brain injury while others are coming out of theatre with brain injuries. We ask to everyone concerned to do their best to plan and provide the best possible health care for our all our wounded.

We have been asked to tell you how we are doing. We are forever changed struggling through all this. We have not had vacations, hours spent dealing with this turns into days and weeks it seems. I have lost 3 employees because of my situation and at this time trying to rebuild my business with 3 new employees so we are needless to say, stretched further today than ever. This really is another story and this is submitted to you in hopes that soldiers and their families do not experience the horrendous injustices and traumas we have had to endure. Our focus has had to be taking care of our son.

Respectfully Submitted,

John and Cindy Gagnier
Valparaiso IN